

Calendar No. 442

117TH CONGRESS
2D SESSION

S. 4052

To reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 7, 2022

Mr. PORTMAN (for himself, Ms. HASSAN, Mr. CASSIDY, Mr. HICKENLOOPER, and Mr. BROWN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

JULY 12, 2022

Reported by Mrs. MURRAY, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

A BILL

To reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children, and for other purposes.

- 1 *Be it enacted by the Senate and House of Representa-*
- 2 *tives of the United States of America in Congress assembled,*
- 3 **SECTION 1. SHORT TITLE.**
- 4 *This Act may be cited as the “Early Hearing Detec-*
- 5 *tion and Intervention Act of 2022”.*

1 **SEC. 2. REAUTHORIZATION OF PROGRAM FOR EARLY DE-**
2 **TECTION, DIAGNOSIS, AND TREATMENT RE-**
3 **GARDING DEAF AND HARD-OF-HEARING**
4 **NEWBORNS, INFANTS, AND YOUNG CHIL-**
5 **DREN.**

6 Section 399M(f) of the Public Health Service Act (42
7 U.S.C. 280g-1(f)) is amended—

8 (1) in paragraph (1), by striking “\$17,818,000
9 for fiscal year 2018, \$18,173,800 for fiscal year
10 2019, \$18,628,145 for fiscal year 2020,
11 \$19,056,592 for fiscal year 2021, and \$19,522,758
12 for fiscal year 2022” and inserting “\$17,818,000 for
13 each of fiscal years 2023 through 2027”;

14 (2) in paragraph (2), by striking “\$10,800,000
15 for fiscal year 2018, \$11,026,800 for fiscal year
16 2019, \$11,302,470 for fiscal year 2020,
17 \$11,562,427 for fiscal year 2021, and \$11,851,488
18 for fiscal year 2022” and inserting “\$10,760,000 for
19 each of fiscal years 2023 through 2027”; and

20 (3) in paragraph (3), by striking “fiscal years
21 2011 through 2015” and inserting “fiscal years
22 2023 through 2027”.

23 **SEC. 3. GAO STUDY ON STATE EARLY HEARING DETECTION**
24 **AND INTERVENTION PROGRAMS.**

25 (a) IN GENERAL.—The Comptroller General of the
26 United States shall conduct a study reviewing State early

1 hearing detection and intervention (in this section referred
2 to as “EHDI”) programs. Such study shall—

3 (1) analyze how information collected through
4 such programs informs what is known about EHDI
5 activities to ensure that newborns, infants, and
6 young children have access to timely hearing
7 screenings and early interventions, including infor-
8 mation on any disparities in such access;

9 (2) analyze what is known about how parents
10 use State EHDI websites to seek health and pro-
11 grammatic guidance related to their child’s hearing
12 loss diagnosis; and

13 (3) identify efforts and any promising practices
14 of the Centers for Disease Control and Prevention,
15 the Health Resources and Services Administration,
16 the National Institute on Deafness and Other Com-
17 munication Disorders, and State EHDI programs—

18 (A) to address disparities in outreach for,
19 or access to, timely hearing screenings and
20 early interventions; and

21 (B) to ensure that EHDI follow-up serv-
22 ices are communicated and made available to
23 medically underserved populations, including ra-
24 rial and ethnic minorities.

1 (b) REPORT.—Not later than 2 years after the date
2 of the enactment of this Act, the Comptroller General
3 shall—

4 (1) complete the study under subsection (a) and
5 submit a report on the results of the study to—

6 (A) the Committee on Energy and Com-
7 mmerce of the House of Representatives; and

8 (B) the Committee on Health, Education,
9 Labor, and Pensions of the Senate; and

10 (2) make such report publicly available.

11 **SECTION 1. SHORT TITLE.**

12 *This Act may be cited as the “Early Hearing Detection
13 and Intervention Act of 2022”.*

14 **SEC. 2. REAUTHORIZATION OF PROGRAM FOR EARLY DE-
15 TECTON, DIAGNOSIS, AND TREATMENT RE-
16 GARDING DEAF AND HARD-OF-HEARING
17 NEWBORNS, INFANTS, AND YOUNG CHIL-
18 DREN.**

19 *Section 399M of the Public Health Service Act (42
20 U.S.C. 280g–1) is amended—*

21 (1) in subsection (e), by inserting “(3)” before
22 “The term ‘medical evaluation’”; and

23 (2) in subsection (f)—

24 (A) in paragraph (1), by striking
25 “\$17,818,000 for fiscal year 2018, \$18,173,800

1 *for fiscal year 2019, \$18,628,145 for fiscal year*
2 *2020, \$19,056,592 for fiscal year 2021, and*
3 *\$19,522,758 for fiscal year 2022” and inserting*
4 *“\$17,818,000 for each of fiscal years 2023*
5 *through 2027”; and*

6 (B) *in paragraph (2), by striking*
7 *“\$10,800,000 for fiscal year 2018, \$11,026,800*
8 *for fiscal year 2019, \$11,302,470 for fiscal year*
9 *2020, \$11,562,427 for fiscal year 2021, and*
10 *\$11,851,488 for fiscal year 2022” and inserting*
11 *“\$10,760,000 for each of fiscal years 2023*
12 *through 2027”.*

13 **SEC. 3. GAO STUDY ON STATE EARLY HEARING DETECTION
14 AND INTERVENTION PROGRAMS.**

15 (a) *IN GENERAL.—The Comptroller General of the*
16 *United States shall conduct a study reviewing State early*
17 *hearing detection and intervention (in this section referred*
18 *to as “EHDI”) programs. Such study shall—*

19 (1) *analyze how information collected through*
20 *such programs informs what is known about EHDI*
21 *activities to ensure that newborns, infants, and young*
22 *children have access to timely hearing screenings and*
23 *early interventions, including information on any*
24 *disparities in such access;*

1 (2) analyze what is known about how parents
2 use State EHDI websites to seek health and pro-
3 grammatic guidance related to their child's hearing
4 loss diagnosis; and

5 (3) identify efforts and any promising practices
6 of the Centers for Disease Control and Prevention, the
7 Health Resources and Services Administration, the
8 National Institute on Deafness and Other Commu-
9 nication Disorders, and State EHDI programs—

10 (A) to address disparities in outreach for,
11 or access to, timely hearing screenings and early
12 interventions; and

13 (B) to ensure that EHDI follow-up services
14 are communicated and made available to medi-
15 cally underserved populations, including racial
16 and ethnic minorities.

17 (b) REPORT.—Not later than 2 years after the date
18 of the enactment of this Act, the Comptroller General
19 shall—

20 (1) complete the study under subsection (a) and
21 submit a report on the results of the study to—

22 (A) the Committee on Energy and Com-
23 merce of the House of Representatives; and

24 (B) the Committee on Health, Education,
25 Labor, and Pensions of the Senate; and

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